

## APPLICATION DATA SHEET

### **Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Sequence submission?:: Yes  
Computer Readable Form (CRF)?:: No  
Number of copies of CRF:: None  
Title:: "Recombinant BCG Vaccines for the Prevention and Treatment of Cancer"  
Attorney Docket Number:: WII-014  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Total Drawing Sheets:: 6  
Small Entity?:: Yes

### **Applicant Information**

Secrecy Order in Parent Appl.?:: No  
Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: Maureen  
Middle Name:: A.  
Family Name:: Chung  
City of Residence:: Providence  
State or Province of Residence:: RI  
Country of Residence:: US  
Street of mailing address:: 23 President Avenue  
City of mailing address:: Providence  
State or Province of mailing address:: RI  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 02906

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: Surendra  
Family Name:: Sharma  
City of Residence::  
State or Province of Residence::  
Country of Residence::  
Street of mailing address::  
City of mailing address::  
State or Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address::  
Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: Helena  
Middle Name:: R.  
Family Name:: Chang  
City of Residence::  
State or Province of Residence::  
Country of Residence::  
Street of mailing address::  
City of mailing address::  
State or Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: Mark  
Middle Name:: A.  
Family Name:: O'Donnell  
City of Residence::  
State or Province of Residence::  
Country of Residence::  
Street of mailing address::  
City of mailing address::  
State or Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address::  
Correspondence Information  
Correspondence Customer Number:: 000959  
Representative Information  
Representative Customer Number:: 000959

#### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional	60/235,455	September 26, 2000

#### Assignee Information

Assignee name:: Roger Williams Hospital  
Street of mailing address:: 825 Chalkstone Avenue  
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State or Province of mailing address:: RI  
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Assignee name::  
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